

# LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

## [Commercial Sexual Exploitation of Children (CSEC)]

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<b>Description:</b>	Commercial Sexual Exploitation of Children (CSEC) is a form of human trafficking affecting our most vulnerable children and youth. This growing problem can impact any child, family or community. Children between the ages of 11-14 are most likely to fall victim to commercial sexual exploitation. Traffickers (or "pimps") target vulnerable children, often using psychological manipulation to prey on any emotional susceptibility, such as a yearning for love and sense of belonging. The Federal Bureau of Investigations (FBI) reports that 3 of the nation's 13 highest-intensity areas of child prostitution areas are in California. Los Angeles is among these 3 hubs.
<b>Status:</b>	On <b>September 24, 2013</b> , a Board motion introduced by Supervisors Mark Ridley-Thomas and Don Knabe was approved to establish a countywide, multi-agency response for combating sex trafficking of children in Los Angeles. On <b>April 8, 2014</b> , a Board motion introduced by the same Supervisors supported the "War on Sex Trafficking" legislative package which includes Senate Bills imposing enhancement of criminal penalties to perpetrators and exploiters of children (including SB 473; SB 955; SB 982; SB 1388 and SB 939). Over the past few years, Los Angeles County Department of Mental Health (DMH) has been involved in initiatives focused on the needs of CSEC youth. The DMH Transition Age Youth System of Care (TAY-SOC) Juvenile Justice Division has partnered with the Probation Department to identify victims of sexual exploitation. DMH has been serving this population in Los Angeles County Probation juvenile halls and camps and has been at the forefront of bringing this matter to the attention of programs throughout the department. Providing mental health services of all levels of intensity, ranging from prevention and early intervention to those offering ongoing treatment for individuals with serious mental illness, DMH is well-prepared for expanding delivery of much-needed services to CSEC victims in communities throughout the County. CSEC victims will have access to the full range of services. Evidence-Based Practices (EBPs) such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Seeking Safety (SS) and Crisis-Oriented Recovery Services (CORS) are examples of available services known to effectively address symptoms of trauma and psychological distress typically seen in CSEC clients. More than 100 providers are trained in at least one of these EBPs.
<b>Critical Future Policy Issues:</b>	Critical actions against CSEC include changing perceptions about victims and fighting stigma. For example, CSEC youth are often regarded as "teen prostitutes" by the public and authorities. Rates of detention and incarceration of CSEC youth are long-standing, most commonly for criminal charges of loitering or prostitution. Decriminalization of CSEC victims is essential.
<b>Key Featured Milestones:</b>	DMH has trained over 400 individual clinicians on 'CSEC Awareness/CSEC 101' and will continue to train the DMH provider community on clinical strategies and interventions useful in working with CSEC clients. The May 8, 2014 CSEC Symposium, hosted by the L.A. County Board of Supervisors (SD 2, 4) and the Department of Mental Health, is the result of their collaborative efforts.
<b>Fiscal/Financial Information:</b>	In partnership with Probation, DMH is beginning to address the needs of CSEC clients common to both departments. In June 2011, the Delinquency Court and Probation applied separately for Title II funding to provide health and mental health assessments, enhanced supervision, focused treatment and services within congregate care or in the community, mentoring services and aftercare. Funding was awarded November 10, 2011 (\$350,000 per year, for up to 3years) to implement a comprehensive, multidisciplinary program for sexually trafficked females in the Juvenile Justice System.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Katie A. Settlement Agreement

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Description:	<p>In July 2002, a class action lawsuit was filed against the State and County alleging that children in contact with County's foster care system were not receiving mental health services to which they were entitled. In July 2003, the County entered into a settlement agreement calling for the systematic reform of DCFS and DMH children's mental health services to ensure prompt identification of children in the child welfare system who are in need of mental health services and the establishment of intensive mental health service programs. The settlement agreement also established the class and the Katie A. Advisory Panel. Subsequent to the settlement agreement the parties agreed upon a set of exit criteria.</p> <p>On October 14, 2008, the Board of Supervisors approved a five year Katie A. Strategic Plan, submitted by the Department of Children and Family Services (DCFS) and the Department of Mental Health (DMH). The Strategic Plan outlines seven primary provisions to achieve the objectives of the Katie A. Settlement Agreement:</p> <ul style="list-style-type: none"> <li>• <b>Mental Health Screening and Assessment:</b></li> <li>• <b>Mental Health Service Delivery</b></li> <li>• <b>Training</b></li> <li>• <b>Caseload Reduction</b></li> <li>• <b>Data and Tracking of Indicators</b></li> <li>• <b>Funding of Services</b></li> <li>• <b>Exit Criteria and Formal Monitoring Plan</b></li> </ul>
Status:	<p>While the County has made significant progress in meeting its obligations under the terms of the settlement agreement, the exit conditions have not yet been achieved.</p>
Critical Future Policy Issues:	<p>The Board has recently expressed an interest in accelerating the progress of the County in meeting the exit conditions established by the Court in this matter. A more speedy exit would require increased resources for more saturate training and coaching, increased frequency of the Quality Services Review and support for expansion of Intensive Care Coordination and Intensive Home Based Services.</p>
Key Featured Milestones:	<p>The Court ordered the County to provide Treatment Foster Care services for 300 DCFS involved children and the County has yet to meet this requirement. The County will exit the agreement on a service area by service area basis as service areas achieve passing scores on the Quality Services Review. To date, no service areas have achieved passing scores on this measure.</p>
Fiscal/Financial Information:	<p>Title IV-E funds, Medi-Cal Early and Periodic Screening, Diagnosis and Treatment (EPSDT), Mental Health Services Act Full Service Partnership slots, and Net County Cost (NCC) dollars are used to fund the mental health service needs and Katie A. class requirements for children in DCFS cases. The total budget for Katie A. related services once the Strategic Plan is fully implemented is approximately \$224 million of which \$126 million is derived from Federal and State revenue streams with the remaining amount being funded by NCC.</p>

## LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

## Integrated School Health Centers

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<b>Description:</b>	On March 10, 2009, the County Board of Supervisors directed the Chief Executive Officer (CEO), the Director of Mental Health, and Interim Director of Health Services to develop Integrated School Health Centers (ISHCs) in strategic areas with high percentages of medically underserved residents. These ISHCs enable the integration of behavioral health services with County-funded primary care services. ISHCs may provide services to children, youth, adults and older adults. A total of sixteen ISHCs have been established since 2012, with ten located on high school campuses, five at elementary and/or middle schools, and one at a therapeutic preschool.
<b>Status:</b>	ISHC mental health providers who were surveyed in February of 2013 indicated that the ISHCs were in various stages of the implementation process. The ISHC data highlighted both challenges and successful strategies. Subsequent ISHC mental health provider surveys will be administered at periodic intervals to continue to identify key implementation issues and recommendations for further ISHC development. Additionally, ISHC Provider Network meetings will be held to discuss ISHC data and the continued growth of the ISHCs.
<b>Critical Future Policy Issues:</b>	The County's plan is to conduct ongoing evaluations of the ISHCs. It is hoped that data analysis obtained from PEI service utilization trends and a review of outcomes and the sustainability of evidence-based practices will support the expansion of ISHCs across all Service Areas. ISHCs are currently not located in Service Areas 3, 5, and 8.
<b>Key Featured Milestones:</b>	In June of 2013, John C. Fremont High School, one of the ISHC sites located in Supervisory District 2 was chosen as a "pilot" site in consultation with LAUSD and the LA County School Health Policy Roundtable. The focal populations of this pilot are the significantly large number of students on campus who are served by DCFS and/or are the Probation Department. This ISHC site has the presence of a school-based Deputy Probation Officer, a DCFS Children's Social Worker (CSW), and a functioning Wellness Center (WC) with a robust school-linked service provider network, a Wellness Center Coordinating Council, and a full-time Wellness Coordinator. The ISHC Fremont work group convenes on a regular basis to address issues as they relate to coordination of service delivery, the development of a uniform referral process, standardization of forms and the formulation of policy recommendations.
<b>Fiscal/Financial Information:</b>	The mental health component of the ISHCs is funded through the Mental Health Services Act, Prevention and Early Intervention. An allocation of \$2.5 million dollars was divided among the five Supervisorial Districts with 16 legal entities entering into sole source contracts. The sources of the annualized allocation include realignment funds, Federal Financial Participation (FFP), and Mental Health Services Act match funds. For the first year of the ISHC project (FY 2011-12), the pro-rated 3-month allocation was \$1,078,424. In year two (FY 2012-13), the total annualized allocation was \$6,556,709.

# LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

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## [Department of Justice Settlement Agreement, Juvenile Probation]

<b>Description:</b>	The County of Los Angeles entered into two Settlement Agreements with the Department of Justice related to juvenile probation facilities: one for the Juvenile Halls and the other for the Probation Camps. The Settlement Agreement for the Juvenile Halls has been fully satisfied and continues to be audited by the Auditor Controller's Office to ensure sustained compliance. The Monitor for the Probation Camp Agreement issues semi-annual monitoring reports detailing the County's progress.
<b>Status:</b>	<p>The Probation Camp Settlement Agreement, with the exception of Provision 73, is scheduled to complete compliance monitoring in November 2014. Currently:</p> <ul style="list-style-type: none"> <li>• Thirty seven of the 42 Provisions have completed the "Formal Monitoring" process;</li> <li>• Four of the 42 are in "Substantial Compliance" status and are in the "Formal Monitoring" process; and,</li> <li>• One of the 42 (Provision 73) is in "Partial Compliance" status.</li> </ul>
<b>Critical Future Policy Issues:</b>	The DOJ Probation Camp Settlement Agreement contains Provision 73, Increased Access to Community Alternatives. This Provision is not enforceable in the same manner as the rest of the Agreement since it relates to a number of deliverables outside of the probation facilities. These include: minimizing juvenile hall and camp confinement; a focus on community re-entry; community based alternatives to incarceration; use of data by an external partnership to evaluate systemic outcomes for youth and quality assurance to monitor all of the above. All terms of this provision must be satisfied for the DOJ Settlement Agreement to terminate.
<b>Key Featured Milestones:</b>	Provision 43 Substance Abuse is scheduled to complete formal compliance monitoring on June 12, 2014. Provisions 15, 17 and 47 are scheduled to complete formal compliance monitoring on October 31, 2014. Many aspects of Provision 73 have already been accomplished and are only waiting for all terms to come into compliance.
<b>Fiscal/Financial Information:</b>	The mental health services required under the DOJ Settlement Agreements are funded by a blend of Federal, State and net county cost funding, including Juvenile Justice Crime Prevention Act (JJCPA); Supportive and Therapeutic Options Program (STOP); Substance Abuse and Mental Health Service Administration (SAMHSA); Mental Health Service Act (MHSA); Youthful Offender Block Grant (YOBG); and Early Periodic Screening, Detection and Treatment (EPSDT).



# LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

## [Services to the Uninsured]

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<b>Description:</b>	Despite the benefits of Health Care Reform for many previously uninsured residents, there remains a large pool of L.A. County residents who are uninsured due to certain limitations in the health care reform law. These are primarily individuals who are undocumented residents, those on "restricted visas", or those who have been legal residents for less than 5 years. The provision of services to this population has always been a DMH commitment as the provider of "last resort" and the "safety net" for persons who are unable to receive care through any alternative means. When this uninsured population becomes ill, they frequently remain untreated in the community or seek services via costly emergency room settings.
<b>Status:</b>	The most recent published statistics by the Department of Public Health (2013) notes that the percentage of resident adults in L.A. County born outside of the United States is 46%. While 60% of these speak English at home, 40% speak another language. In addition, 48% of all L.A. County residents are Latino. This is a County of immigrants, and many of these immigrants are uninsured. Some of these numbers may change as a result of Health Care Reform and its extended coverage of people into Medi-Cal. At the time of this report, 28.5% of adults in L.A. County were uninsured. In some areas, such as Service Areas 4, 6, and 7 with high concentrations of minority populations, the uninsured rate ranged from 32% - 38%. In these same areas, between 35% and 45% of adults reported being challenged to accessing medical care.
<b>Critical Future Policy Issues:</b>	Latino and Asian residents of L.A. County have historically been under-represented in utilization of DMH services. The utilization "penetration rate," relative to the size of these groups, remains at approximately half of the level expected. Given the need to expand the provision of services to all of the newly insured residents of Los Angeles County, now part of an entitlement program under Medi-Cal, serious attention needs to be given to how the needs of the uninsured will be met without development of a less equitable "two tiered" system. A range of possible responses would need to be considered, possibly including assigning a fixed number of uninsured clients to being served by all County-funded health providers, both directly operated and contracted. Provision of organized service for this uninsured population, without further assistance from the federal government, presents a quandary: Essentially, local government incurs the costs of expensive and inappropriate care provided to the uninsured population. Managing expenditures without accepting unconditional and total responsibility for such care, provided only within LA County would invite unintended expansion of this population from other California counties or

	<p>neighboring states who fail to offer such coverage. The clearest option may be to solicit support for a statewide act to be applied equally in all counties.</p>
<p><b>Key Featured Milestones:</b></p>	<p>Some of the Key Featured Milestones include:</p> <ul style="list-style-type: none"> <li>• Collaborated with DHS to develop Healthy Way Los Angeles (HWLA) services for individuals with mild to moderate mental health symptoms</li> <li>• Developed benefit establishment and referral procedures for HWLA participants.</li> <li>• Collaborated with DPH to contract with 7 Ryan White providers to deliver mental health services to individuals living with HIV/AIDS.</li> <li>• Contracted and trained 25 Community Partners to deliver mental health services to individuals with mild to moderate mental health symptoms.</li> <li>• Identified some 9 Evidence Based Practices (EBPs), specific to the individual with mild to moderate mental health issues and trained several thousand staff from directly operated, legal entity and community partner staff in the use of these EBPs.</li> <li>• Transitioned some 300,512 HWLA participants into Medi-Cal as of January 2014.</li> <li>• Implemented some 6 collaboration programs (DMH-DHS) with DMH staff co-located at DHS facilities.</li> </ul> <p>General Milestones/Considerations:</p> <ul style="list-style-type: none"> <li>• Public education and outreach efforts to key underserved population can be successful in cost containment for the immediate future.</li> <li>• Conducting bi-directional health and mental health tracking and education related to progressive, chronic illness can reduce costly, long term demands and improve the overall health of individuals in the community.</li> <li>• More immediate housing for the homeless population, those least likely to individually pursue health and mental health treatment and community stability, would be a first step to intervening in the cycle of "illness-emergency-room hospital treatment" or "arrest-jail-court treatment access."</li> </ul>

**Fiscal/Financial  
Information:**

Examining data from DMH IS reveals for the 6-month period of 10/1/2013 through 3/31/2014, some 48,432 uninsured adult clients were seen between the directly operated (DO) and legal entity (LE) providers at a total cost of \$76,296,706. Many of these consumers are those who do not hold citizenship or meet legal residency requirements. Under Medicaid Expansion Coverage (the Affordable Care Act/ACA) Los Angeles County has established some 125 Public Private Partnership (PPP) model of care efforts. The PPP Program does not have a citizenship or legal residency requirement; however a certain percentage of the federal match was reduced, reflecting the county's care to the undocumented. The County also administers the Ability to Pay Plan (ATP) as a safety net option. The ATP provides low cost or not cost inpatient and outpatient services at County hospitals and clinics to medically indigent persons who are not fully covered by Medi-Cal and/or Medicare. ATP does not have a citizenship requirement; however, applicants must show proof of residency in Los Angeles County. Fees for ATP are based on a sliding scale.

Currently, DO adult clinics see the majority of uninsured consumers in the community setting; in the numbers noted above some 34,421 of the uninsured adults noted were seen in DO programs over the six-month period. The average annual cost of care for uninsured adults in the DO programs translates to \$2425; for the LE providers the projected cost per year per client is \$4934. These programs efforts should be provided additional resources in order to meet the needs of this population in terms of care access and timeliness of services delivered. The County Board of Supervisors is faced with a policy decision regarding Net County Cost for the residually uninsured.

The County may wish to pursue various State legislative options with respect to planning and ensuring the needs of the uninsured. Seeking State funding for the development of a comprehensive health coverage package could be pursued in order to develop a possible long-range solution.